

1. Program Experience

- a) Agency Overview: Briefly describe the Applicant's mission, length of operation, overall governance, organizational structure, and sources of funding.
- b) Agency History, Record Accomplishment, and Productive Relationships: Briefly summarize the Applicant's experience providing and promoting equitable healthcare services to low-income, uninsured, and underinsured Californians. Provide one recent example (within the last five years) of the Applicant implementing a QIP including the primary goal, intervention, results, duration of the project, date initiated, and outcome(s).
- c) Program Coordinator: Briefly summarize the educational background and professional experience of the designated Program Coordinator and describe how the individual's background and professional experience demonstrates skill and capacity with project management, an understanding of wellness programs, and experience working with the population.
- d) In-Kind Support and Organizational Commitment: The success of the clinic project depends on full engagement of the staff and a commitment to system change. Explain how clinic leadership will ensure such engagement and commitment. The level of leadership commitment will be evaluated as part of the review of the overall clinic application. For reference, examples of clinic leadership position include, but are not limited to: chief executive officer, chief nursing officer, chief medical officer, medical director, quality improvement manager (or director), health education manager (or director).

Sample Response:

- a) *The Moon Community Clinic is a federally qualified health clinic that offers comprehensive health care to the 200,000-person population of Moon County. The clinic mission is "to provide affordable, high-quality healthcare to people who are economically or medically vulnerable, underinsured, and uninsured". The Moon Community Clinic has been operating in Blue City, California since 2000 and employs 80 staff including physicians, nurse practitioners, physician assistants, and registered nurses. The clinic offers a variety of primary and preventive health programs.*
- b) *Between 2018-2020, the Moon Community Clinic received a grant from the CDC to promote healthy nutrition and physical activity with patients diagnosed with type 2 diabetes. The project resulted in 45% of patients having stable and controlled type 2 diabetes through improved diet and physical activity.*

- c) *The Moon Community Clinic will designate its Registered Nurse Educator as the Program Coordinator for the Advancing Tobacco Cessation in Community Clinics project. The staff person has twelve years of experience implementing various quality improvement projects at the clinic. In addition, he has overseen wellness and lifestyle programs tailored to the clinic's diverse patient population.*
- d) *With regards to in-kind support and organizational commitment, the CEO is strongly supportive of the goal to reduce tobacco use among clinic patients through this project. She has also asked the quality manager and information technology manager to each dedicate 10% time in kind as part of the project team.*

2. Organizational Start Up and Equipment

- a) Organizational Start Up: Describe the location for the proposed project, as well as the Applicant's capability and resources to begin implementation of activities within two (2) weeks of the grant start date.

Sample Response:

- a) *The Moon Community Clinic has the capacity, readiness and staff resources to begin implementation of project activities within two weeks of the grant start date.*

3. Administrative/Fiscal Experience and Audit History

- a) Administrative Staffing: Describe the Applicant's current administrative staffing pattern for activities such as contract and grant management, invoicing, and tracking of contractual, administrative, and fiscal controls.
- b) Fiscal and Contract/Grant Compliance: Describe the Applicant's performance within the last two (2) years with the management of government and/or non-government funds and activities. Include administrative, fiscal, program, and evaluation functions such as: timely and accurate completion of percent effort; submission of fiscal, program, evaluation documentation; and compliance with government requirements.
- c) Audit History: Describe the Applicant's fiscal and (if any) programmatic audit history within the last two (2) years. The description is to include the frequency of audits, dates of the audits, and a summary of the audit findings. Thoroughly explain any negative audit findings and their resolution. If the Applicant was audited by a governmental agency within the last two (2) years, provide the name of the government agency, the agency's contact person and phone number, the year the

audit was conducted, and the audit findings and resolution.

Sample Response:

- a. *At the present time John Health, Moon Community Clinic Program Administrator for over 12 years, along with Associate Director of Programs, Sara Wellness, handle contract and grants management tracking as well as invoicing, contractual, administrative, and fiscal controls.*
- b. *All required grant and contract deliverables within the past two years are monitored by being calendared at the grant start date and reminders are sent out to staff concerning reporting and compliance. All action items are discussed in a bi-weekly staff/administrative meeting as planned by each respective grant lead and smaller grant workgroups meet regularly throughout the week to implement and strategize around activities, tracking and reporting.*
- c. *The Moon Community Clinic has participated in three (3) government contract audits within the past two years and was found in compliance with funding requirements, reporting, and performance measures for the below grants:*
 - i. *First Five California – Grant #11-1111*
 - *Contact: Tracy Cruz, Health Program Manager, xxx-xxx-xxxx, example@contactinfo.gov*
 - *Type: Fiscal Audit occurs every 2 years*
 - *Audit Date: December 3, 2018*
 - *No negative audit findings*
 - ii. *Moon County Health Services Agency – Grant # 22-2222*
 - *Contact: Juan Smith, Project Officer, xxx-xxx-xxxx, example@contactinfo.gov*
 - *Type: Programmatic Audit occurs every 7 years*
 - *Audit Date: November 15, 2019*
 - *No negative audit findings*
 - iii. *Social Services Moon County – Grant #33-3333*
 - *Contact: Johan Johnson, Director of Audits, xxx-xxx-xxxx, example@contactinfo.gov*
 - *Type: Fiscal Audit occurs every 3 years*
 - *Audit Date: October 15, 2017*
 - *No negative audit findings*
- d. **Tax Debtor List Requirements: All Applicants must address the requirements of the Tax Debtor List to meet the requirements of Public Contract Code**

Section 10295.4. Vendors are ineligible to enter into or renew any contract with the state for goods or services if a vendor is delinquent on paying state income tax in excess of \$100,000 to the California Franchise Tax Board. Prior to submitting a bid or proposal and prior to executing any state contract or renewal of goods or services, a vendor must certify that it is not on the list of ineligible vendors prohibited from doing business with the State of California. During the bid evaluation, it is the buyer's responsibility to check the list of ineligible vendors to confirm that the Applicant is not on that list. Follow the instructions in the Additional Documents section of this RFA for required documentation.

Sample required documentation are not provided. Please adhere to the above instructions.

4. Letters of Reference

Applicants must solicit, scan, and upload two (2) letters of reference from two (2) separate entities into OTIS. Letters of reference must be addressed to the Applicant. No more than two (2) letters will be accepted. If the Applicant is currently receiving or has received funding from a governmental agency, other than CDPH/CTCP, within the last two (2) years, one of the references should be from one of these agencies. The additional letter may come from partners such as community-based organizations, a voluntary health organization (e.g., local affiliate of the American Heart Association, American Cancer Society, American Diabetes Association or others), a community-based business, the Local County Health Department or another reference. Do not include letters of reference from the Applicant's parent organization or subcontracting partners. Each letter must be on the reference provider's letterhead and include:

- The address, telephone number, e-mail, name, and title of the letter's author.
- The correct RFA name and number (RFA CG: 22-10008 Advancing Tobacco Cessation in Community Clinics)
- A description of the capacity in which the reference provider worked with the Applicant.

Collectively, the letters should speak to:

- The Applicant's ability to implement the ATCP
- The Applicant's ability to fulfill the fiduciary and grants management functions.
- The Applicant's ability to establish and maintain positive collaborative relationships with community partners.

Sample Letters of Reference are not provided. Please adhere to the above instructions.

PART 2: COMMUNITY ASSESSMENT ANALYSIS SECTION (REQUIRED AND SCORED)

The Community Assessment Analysis is to demonstrate the need for the intervention using information about the community clinic, client base, and services provided.

1. Include these statements:

- a. "This project will primarily address the following priority population of focus: low-income, underinsured, and uninsured individuals."
- b. "This project will primarily work in the following geographical community: *(identify the county jurisdictions to be served and describe the demographics of the community).*"

Sample Response:

1a. This project will primarily address the following priority population of focus: Low-income, underinsured, and uninsured individuals.

1b. The Moon Community Clinic is located in the southern part of the Moon County in Central Valley, California. The Moon County population is estimated to 200,000 (Census 2020) with 40% Hispanics, 45% Whites, 7% African Americans, 3% American Indian, 2% Asian, 2% Pacific Islander, and 1% others. The average household income in Moon County is \$48,058 with a poverty rate of 30.04%.

2. Provide a brief description of the following:**a) Current Tobacco Cessation Approach**

- (1) the current processes by which tobacco cessation is managed, including identification of tobacco users, referral for treatment, and any follow-up services;
- (2) the capacity to use the clinic's current EHR system to assess each of the tobacco cessation metrics (see Tobacco Cessation Metrics Section).

b) The number and demographics of adult patients served yearly at the community clinic, and the tobacco use prevalence rate.

c) The current tobacco use policy at the community clinic site, whether it is written or informal.

d) Current programs for patients providing counseling or information regarding nutrition, physical activity, and stress management either alone or in conjunction with tobacco cessation. Describe whether one or more topic areas are targeted and provide the context (e.g., program offered to all patients; prediabetes program; hypertension control program focused on lifestyle).

- e) The overall readiness of the community clinic to implement the ATCP, including any organizational assets.

Sample Response:

2a (1) The Moon Community Clinic patient assessment protocol includes questions regarding any history of tobacco use. This information is gathered during the patient's first clinic visit. Currently, the clinic does not offer smoking cessation treatment and patients are most often advised to individually call Kick It California for tobacco use cessation counseling.

2a (2) The Moon Community Clinic medical records are fully electronic. Patient Electronic Health Records (EHR) are managed by a team of information technology staff with the capacity to generate the required data, or with this project assistance, changes can be made to the system to generate the required metrics on tobacco assessment and cessation treatment.

2b. The Moon Community Clinic sees approximately 19,500 patients a year and the tobacco use prevalence rate among patients is at 22.5%

2c. The Moon Community Clinic is a tobacco-free facility with designated tobacco use areas 25 feet away from main entrances.

2d. Several wellness programs are currently running at the Moon Community Clinic including: "Just Say No to Drugs" for drug and alcohol prevention, "Breast Feeding Campaign" to promote good infant health, and "Living Lean" for weight loss management.

Or

2d. There are currently no wellness programs running at the Moon Community Clinic and we are looking forward to this grant to offer the clinic a lifestyle changing program that can improve the health of the patients we serve.

2e. The Moon Community Clinic is ready to implement the Advancing Tobacco Cessation in Community Clinics Project (ATCP). The implementation of this project will definitely help to improve the well-being of the patients we serve and send a strong message in the community about the health risks associated with tobacco use. With the support of John Health, the Moon Community Clinic Program Administrator, the nurses, and the physicians at the Moon Community Clinic, the project will be implemented in accordance with the Work Plan and will complement existing wellness programs without duplication.